

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64441

1. Entity Name

OMEGA HEALTH SYSTEMS OF TAMPA BAY, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90138 036 \*\*\*150.00

80055965



DO NOT WRITE IN THIS SPACE

Principal Place of Business OMEGA EYE ASSOCIATES 1840 N HIGHLAND AVE CLEARWATER FL 34615 US	Mailing Address OMEGA EYE ASSOCIATES 1840 N HIGHLAND AVE CLEARWATER FL 34615 US
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2. Principal Place of Business <i>The Eye Institute</i> Suite, Apt. #, etc. <i>5413 U.S. Highway 19</i> City & State <i>New Port Richey, FL</i> Zip <i>34652</i> Country <i>USA</i>	3. Mailing Address <i>Vision America, Inc.</i> Suite, Apt. #, etc. <i>5350 Poplar Ave. Suite 900</i> City & State <i>Memphis, TN</i> Zip <i>38119</i> Country <i>USA</i>
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4. FEI Number <b>59-3149390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PACCIONE-WHITTLE, PATRICE  
1840 N. HIGHLAND AVE.  
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name  
*C.T. Corporation System*  
Street Address (P.O. Box Number is Not Acceptable)  
*1200 South Pine Island Rd.*  
City  
*Plantation* FL Zip Code  
*33324*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Already filed by new agent with state. (See attached)*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <b>LEWIS, THOMAS P</b> <b>5350 POPLAR AVE -STE 900</b> <b>MEMPHIS TN 38119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Please see attached.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> <b>EDMONDS, RONALD L</b> <b>5350 POPLAR AVE -STE 900</b> <b>MEMPHIS TN 38119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Please see attached.</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry E. Reifler* **BARRY E. REIFLER** 4/27/01 901-683-7868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Omega Health Systems of Tampa Bay, Inc  
List of officers or directors  
@12/31/00

Attachments  
B0055965  
# 176441

Principal officers and directors

Name	Title	Address
A. Stone Douglass	President	5350 Poplar Ave, Suite 900 Memphis, TN 38119
Barry E Reifler	Vice President, Secretary & Treasurer	5350 Poplar Ave, Suite 900 Memphis, TN 38119
Cassandra Speier	Vice President	5350 Poplar Ave, Suite 900 Memphis, TN 38119

Board of Directors

A. Stone Douglass	President	5350 Poplar Ave, Suite 900 Memphis, TN 38119
Barry E Reifler	Vice President, Secretary & Treasurer	5350 Poplar Ave, Suite 900 Memphis, TN 38119

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Florida Department of State, Sandra B. Mortham, Secretary of State

B805965  
Attachment

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

# V64441

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Omega Health Systems of Tampa Bay, Inc.
2. The mailing address of the corporation is: 5413 U.S. Highway 19, New Port Richey, FL 34652
3. Date of incorporation/qualification: 09/14/1992 Document number: V64441
4. The name and address of the current registered agent and office:

Paccione-Whittle, Patrice  
1840 N. Highland Ave.  
Clearwater, FL 34615

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

FILED  
01 APR 17 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Barry Reister  
(Signature of an officer, chairman or vice chairman of the board)

04/12/01  
(Date)

VP CFO Secretary Barry Reister  
(Printed or typed name and title)

04/12/01  
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

John J. Linnihan  
(Signature of Registered Agent)

April 16, 2001  
(Date)

If signing on behalf of an entity:

John J. Linnihan  
(Typed or Printed Name)

Asst. Vice President  
(Capacity)